

EVALUATION OF CLINICAL PERFORMANCE TOOL
Psychiatric Nursing- 2020
Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Rheanna Tomblin

Final Grade: Satisfactory/Unsatisfactory

Semester: Summer Session

Date of Completion:

Faculty: Fran Brennan MSN, RN, Monica Dunbar MSN, RN, Lora Malfara MSN, Rn
Carmen Patterson MSN, RN, Brittany Schuster MSN, RN

Teaching Assistants: Devon Cutnaw BSN, RN

Faculty eSignature:

DIRECTIONS FOR USE:

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S), Needs Improvement (NI), Unsatisfactory (U), and Not Available (NA)**. The faculty member will initial if in agreement with the student's evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written on the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a "S, NI, or U". If the student does not self-rate, then it is an automatic "U". A student who submits the clinical evaluation tool late will be rated as "U" in the appropriate competency(s) for that clinical week. Whenever a student receives a "U" in a competency, the following week it must be addressed with a comment as to why it is no longer a "U". If the student does not state why the "U" is corrected, then it will be another "U" until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. If the final performance code is unsatisfactory in any one of the competencies, a grade of unsatisfactory is given. If a pattern of unsatisfactory performance occurs after performing the competency satisfactorily, this also constitutes a grade of unsatisfactory. An unsatisfactory as a final score in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.

METHODS OF EVALUATION:

Clinical Patient Profile
Documentation
Evaluation of Clinical Performance Tool
Onsite Clinical Debriefing
Online Discussion Rubric
Nursing Process Recording Rubric
Geriatric Assessment Rubric
Participation in adjunctive therapies (N.A./A.A.; Erie County Health Department Detox Unit,
Hospice inpatient/outpatient care)

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments

* End-of-Program Student Learning Outcomes

EBP presentations
Hospice Reflection Journal
Virtual Simulation Scenarios

Initials	Faculty Name/Teaching Assistant
FB	Fran Brennan MSN, RN
MD	Monica Dunbar MSN, RN
LM	Lora Malfara MSN, RN
CP	Carmen Patterson MSN, RN
BS	Brittany Schuster MSN, RN
DC	Devon Cutnaw BSN, RN

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

Satisfactory (S): Safe, accurate each time, efficient, coordinated, confident, focuses on the patient, some expenditure of excess energy, within a reasonable time period, appropriate affective behavior, occasional supporting cues, minimal faculty feedback needed related to written clinical work.

UNSATISFACTORY CLINICAL PERFORMANCE

Needs Improvement (NI): Safe, accurate each time, skillful in parts of behavior, focuses more on the skill and self rather than the patient, inefficient, uncoordinated, anxious, worried, and flustered at times, expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues, faculty feedback required in several areas of clinical written work.

Unsatisfactory (U): Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from faculty or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded “U.” A “U” in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the “U,” the faculty member (s) will continue to rate the competency unsatisfactory.

OTHER

Not Available (NA): The clinical experience which would meet the competency was not available.

Objective										
	1. Apply the principles of psychiatric theory in the care of adolescent to geriatric patients with a mental illness diagnosis. (1, 2, 3, 5, 6, 7, 8)*									
Weeks of Course:	1	2	3	4	5	6	7	8/Make Up	Final	
Competencies:	S	NA	NA	S	NA					
a. Demonstrate an understanding of the relationship between mental health, physical health, and environment for those patients diagnosed with a mental disorder.	S	NA	NA	S	NA					
b. Correlate prescribed therapies, psychotherapy, and alternative therapies in relation to the patient's mental disorder.	S	NA	NA	S	NA					
c. Provide culturally and spiritually competent care within the scope of nursing that meets the needs of assigned patients from diverse cultural, racial and ethnic backgrounds.	S	NA	NA	S	S					
d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care	S	NA	NA	S	NA					
e. Recognize normal versus non-normal behavior patterns in terms of developmental milestones. (Erickson).	S	NA	NA	S	NA					
f. Develop and implement an appropriate nursing therapy group activity.	NA	NA	NA	S	NA					
g. Develop a geriatric physical/mental health assessment and education plan. (Geriatric Assessment)					NA					
Faculty Initials	MD	CP	LM	LM	BS					
	1S	No Clinical	No Clinical	1S	Stein Hospice					

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* End-of-Program Student Learning Outcomes

Comments:

Week 1 1A-G-You performed very well in the clinical environment in this competency. Keep up the good work! MD

Week 3 – Rheanna did not have clinical this week therefore all competencies are NA. LM

Week 4 (1f)- Rheanna, you did an excellent job facilitating a nurse therapy group this week on 1-South. The goal was to identify and create adaptive coping strategies. The activity included having the patients write an adaptive and maladaptive coping skill on an index card. Then Rheanna provided a handout discussing healthy coping strategies for the patients. You also did an excellent job identifying the correct leadership style used during group therapy on the 1-South unit. LM

Week 5-1(c) Excellent job assisting your nurse with caring for the patients on the inpatient Stein Hospice unit. You were able to satisfactorily achieve this competency. BS

Objective									
2. Synthesize concepts related to psychopathology, health assessment data, evidenced based practice and the nursing process using clinical judgment skills to plan and care for patients with mental illness. (1, 2, 3, 4, 5, 6, 7, 8)*									
Weeks of Course:	1	2	3	4	5	6	7	8/Make Up	Final
Competencies:	S	NA	NA	S	NA				
a. Assemble a health history which includes past and current history of mental and medical health issues and chief reason for hospitalization. (noticing)	S	NA	NA	S	NA				
b. Identify the individual patient's symptoms related to the psychiatric diagnosis. (interpreting)	S	NA	NA	S	NA				
c. Demonstrate ability to identify the patient's use of coping/defense mechanisms. (noticing, interpreting)	S	NA	NA	S	NA				
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. (noticing, interpreting, responding, reflecting)	S	NA	NA	S	NA				
e. Apply the principles of asepsis and standard precautions.	S	NA	NA	S	S				
f. Practice use of standardized EBP tools that support safety and quality. (noticing, responding)	S	NA	NA	S	S				
Faculty Initials	MD	CP	LM	LM	BS				

Comments:

* End-of-Program Student Learning Outcomes

Week 1 2A-F- You were able to provide an in-depth history of your patient along with identifying symptoms, identifying coping/defense mechanisms, prioritize a care plan, use standard precautions and utilize EBP in your care. MD

Week 4 (2b, c, f)- Rheanna, you identified your patient's symptoms related to the psychiatric diagnosis and demonstrated the ability to identify patients' use of coping/defense mechanisms during the nurse therapy group you facilitated Tuesday on the 1-South unit. You facilitated a nurse therapy group discussing adaptive and maladaptive coping skills. You provided coping strategies for the patients to use when they encounter their stressors. You also researched an EBP article discussing barriers to children's mental health services. Rheanna provided a detailed summary of the article and met all of the requirements for this activity. Great job! LM

Objective									
3. Refine basic verbal and nonverbal therapeutic communication skills when interacting with patients, families, and members of the health care team. (1, 2, 3, 5, 7, 8)*									
Weeks of Course:	1	2	3	4	5	6	7	8/Make Up	Final
a. Illustrate professionally appropriate and therapeutic communication skills in interactions with patients, and families.	S	NA	NA	S	S				
b. Demonstrate professional and appropriate communication with the treatment team by using the SBAR format for handoff communication during transition of care.	S	NA	NA	S	S				
c. Identify barriers to effective communication. (noticing, interpreting)	S	NA	NA	S	S				
d. Construct effective therapeutic responses.	S	NA	NA	S	S				
e. Construct a satisfactory patient-nurse therapeutic communication. (Nursing Process Study)					S				
f. Posts respectfully and appropriately in clinical discussion groups.	S	NA	NA	S	S				
g. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.	S	NA	NA	S	S				
h. Teach patient/family based on readiness to learn and patient needs. (responding, reflecting)	S	NA	NA	S	NA S				
Faculty Initials	MD	CP	LM	LM	BS/DC				

Comments:

Week 1 3A-H-You were able to accomplish this competency during clinical and with your CDG. MD

Week 4 (3a, c, f, h)- Rheanna, you illustrated therapeutic communication with the patients on the 1-South unit this week as you interacted with the patients in the common area as well as during group therapy, which you facilitated. You recognized potential barriers to effective communication and you responded to patients' needs by answering questions during the nurse therapy session. You did an excellent job on your CDG post this week. Great job! LM

* End-of-Program Student Learning Outcomes

Week 5-3(a,c,d) Excellent job therapeutically communicating with the patients and their families while in your hospice clinical. BS

Week 5-3(e) You received an “S” with a total score of 100/100. Overall, good job on your Nursing Process Recording! Your recording was organized, easy to follow and provided in-depth analysis on your interaction with your patient. You did very well evaluating yourself and what you can improve upon for the future. Good job! DC

Week 5-3(f) Rheanna, you did an excellent job with your hospice reflection journal. Thank you so much for sharing your experience and feelings. I am glad that this clinical experience clarified your perspective of hospice, and demonstrated to you that death doesn’t have to be a scary and uncomfortable process for patients and their families. Rather, it can be comfortable and peaceful, and patients do not have to be alone. BS

Objective									
	4. Demonstrate knowledge of frequently prescribed medications utilized in treating mental illness. (1, 4, 5, 6, 7)*								
Weeks of Course:	1	2	3	4	5	6	7	8/Make up	Final
a. Discuss the safe administration of medication while observing the six rights of medication administration.	S	NA	NA	S	S				
b. Demonstrate ability to discuss the uses and implication of psychotropic medications	S	NA	NA	S	NA				
c. Identify the major classification of psychotropic medications.	S	NA	NA	S	NA				
d. Identify common barriers to maintaining medication compliance.	S	NA	NA	S	NA				
e. Explain the effects, adverse effects, nursing interventions and safety issues, related to the use of psychotropic medications.	S	NA	NA	S	NA				
Faculty Initials	MD	CP	LM	LM	BS				

Comments:

Week 1 4A-E-You did very well with understanding your medications all around. Excellent job with this competency! MD

Week 4 (4b, e)- Rheanna, you properly discussed in your CDG post for this week your patient's use of psychotropic medications, listed the potential side effects, and identified appropriate nursing interventions. The rationale for the lab work was required in the post as well. Great job overall! LM

Objective									
	5. Develop an awareness of community Mental Health resources and services. (5, 6, 7, 8)*								
Weeks of Course:	1	2	3	4	5	6	7	8/Make up	Final
a. Identify the need for the community resources-detox unit available to patients with a mental illness.	S NA	NA	NA	NA	NA				
b. Discuss recommendations for referrals to appropriate community resources and agencies.	S	NA	NA	S	NA				
c. Attend Erie County Health Department Detox Unit observing the care of a patient with mental illness-substance abuse. (Community Agency Observation-Detox Unit)	NA	NA	NA	NA	NA				
d. Attend Narcotics/Alcoholics Anonymous meeting. (Alcoholics/Narcotics Anonymous at the Artisans of Sandusky Observation)	NA	NA	NA	NA	NA				
Faculty Initials	MD	CP	LM	LM	BS				

Comments:

Week 1 5A- This competency will be evaluated during your detox clinical. MD

Week 4 (5b)- Rheanna, you discussed recommendations for referrals to appropriate community agencies with patients this week on the behavioral health unit. Great job! LM

* End-of-Program Student Learning Outcomes

Objective									
	6. Demonstrate satisfactory proficiency when using informatics and techniques in the assessment of patients with a mental illness diagnosis. (1, 2, 3, 4, 6, 8)*								
Weeks of Course:	1	2	3	4	5	6	7	8/Make up	Final
Competencies:	S	NA	NA	S	NA				
a. Demonstrate competence in navigating the electronic health record.									
b. Demonstrate satisfactory documentation of physical and psychiatric assessments and nursing notes utilizing the electronic health record.	S	NA	NA	S	NA				
Faculty Initials	MD	CP	LM	LM	BS				

Comments:

Week 1 6A-B- Rheanna-You were able to confidently go into the EHR and find information/history on your patient and you did well documenting. MD

Week 4 (6a, b)- Rheanna, you displayed competence navigating through the EMR this week while documenting each patient's attendance for the nurse therapy group. You also accurately documented your observations for each patient who attended the nurse therapy group on Tuesday. Great job! LM

Objective									
7. Evaluate self-participation in patient care experiences with the focus on safety, ethical, legal, and professional responsibilities. (7)*									
Weeks of Course:	1	2	3	4	5	6	7	8/Make up	Final
a. Identify your strengths for care delivery of the patient with mental illness (cite on tool)	S	NA	NA	S	S				
b. Demonstrates effective use of strategies to reduce risk of harm to self or others. Create a safe environment for patient care.	S	NA	NA	S	NA				
c. Illustrate active engagement in self-reflection and debriefing.	S	NA	NA	S	NA				
d. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE” – attitude, commitment, and enthusiasm during all clinical interactions.	S	NA	NA	S	S				
e. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect.	S	NA	NA	S	S				
f. Follow the standards outlined in the FRMCSN policy, “Student Conduct While Providing Nursing Care.”	S	NA	NA	S	S				
Faculty Initials	MD	CP	LM	LM	BS				

Comments:

Week 1, 7a: A strength this week for me was communicating with the patients. I was so nervous to start clinical on day 1 and to initiate conversations with patients. It was so much easier than I expected and I feel I definitely improved on my communication skills from day 1 to day 2. **You did an excellent job with communicating with the patients! MD**

Week 4, 7a: A strength for this week would be being able to correlate patient behaviors with diagnosed diseases and terminology. The first week of clinical, I barely had any content yet and it was harder to correlate things. Once learning about anxiety and bipolar disorder, it was easier to recognize these symptoms in patients. I was even able to correlate symptoms of schizophrenia in patients and we don't learn that content until next week. **You did a great job recognizing various patients displaying characteristic symptoms of anxiety, bipolar, and schizophrenia. You were able to compare and contrast clinical manifestations of the patients on the unit. LM**

Week 5, 7a: A strength I had this week was communicating to family members. This is always nerve-wracking for me, even at work. However, I educated a family member about turning and repositioning their family member to prevent pressure ulcers and to promote comfort. This family member was taking on the care of her mother because her sister recently fell and broke her femur. This daughter will be taking the patient home with hospice in her home. I also educated her throughout the process of us putting the patient on the BSC so that she could be more familiar with it at home. **Excellent job, Rheanna. These are both very important education pieces for the patient's family member to know. Keep up all your great work! BS**

Nursing Care Plan Grading Tool Psychiatric Nursing

2020

Objective # 6: Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*	Risk For Self-Directed Or Other-Directed Violence Related To Rage Reactions.
Student Name: **Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Total Points: Comments
Nursing Diagnosis: (3 points) 3 Problem Statement (1) 1 Etiology (1) 1 Defining Characteristics (1) 1	Total Points 3 Comments: Well written. MD
Goal and Outcome (6 points total) 5 Goal Statement (1 point) 0 Outcome: Specific (1) 1 Measurable (1) 1 Attainable (1) 1 Realistic (1) 1 Time Frame (1) 1	Total Points 5 Comments: Remember, a goal statement must be used in all care plans. MD
Nursing Interventions: (8 points total) 8 Prioritized (1) 1 What (1) 1 How Often (1) 1 When (1) 1 Individualized (1) 1 Realistic (1) 1 Rationale (1) 1 All pertinent interventions listed (1) 1	Total Points 8 Comments: Well done! MD
Evaluation: (5 points total) 2 Date (1) 0 Goal Met/partially/unmet (1) 1 Defining characteristics (1) 1 Plan to continue//modify/terminate (1) 0 Signature (1) 0	Total Points 2 Comments: Every care plan needs a date, continue/modify/discontinue plan of care, and a signature. MD
Total possible points = 22 18-22 = Satisfactory care plan 17-14 = Needs improvement care plan <13 = Unsatisfactory care plan	Total Points for entire Care plan = 18 Comments: Well done! MD

Firelands Regional Medical Center School of Nursing
Psychiatric Nursing 2020
Simulation Evaluations

<u>vSim Evaluation</u> Performance Codes: S: Satisfactory U: Unsatisfactory	vSim					
	(Bipolar Scenario) Sharon Cole	Ab/ Acute Detox (Scenario) Andrew Davis	Alcohol Withdrawal Scenario) Linda Waterfall	Borderline Personality Disorder Scenario) Sandra Littlefield	Major Depressive Disorder) George Palo	PTSD Scenario) Randy Adams
	Date: 7/3/2020	Date: 7/10/2020	Date: 7/17/2020	Date: 7/24/2020	Date: 7/31/2020	Date: 8/7/2020
Evaluation	S	S	S	S		
Faculty Initials	LM	LM	LM	BS		
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA		

* Course Objectives

EVALUATION OF CLINICAL PERFORMANCE TOOL
Psychiatric Nursing

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature & Date: